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PTO/SB/22 (01-08 Approved for use through 02/291/2008. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PETITION FOR EXTENSION OF TIME UNDER 37 FY 2008		Docket Number (Optional) ZAHFRI P858US				
(Fees pursuant to the Consolidated Appropries Act 20						
Application Number 10/576,443	with an effective filing date of September 29, 2004					
For PLANETARY GEAR	5/	•				
Art Unit 3681		Examiner	Roger L. Pa	ang		
This is a request under the provision of 37 CFR 1.136(a) to application.	extend the period f	or filing a reply i	n the above ide	entified		
The requested extension and fee are as follows (check time	e period desired and	d enter the appro	priate fee belo	w):		
·	Fee	Small	Entity Fee			
□ One month (37 CFR 1.17(a)(1))	\$ 120		60	\$		
☐ Two months (37 CFR 1.17(a)(2))	\$ 460 <sup>°</sup>	, 5	3 230	\$		
■ Three months (37 CFR 1.17(a)(3))	\$1050	9	525	\$1050		
☐ Four months (37 CFR 1.17(a)(4))	\$1640	\$	820	\$		
☐ Five months (37 CFR 1.17 (a)(5))	\$2230	\$	S1115	\$		
□ Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
□ Payment by credit card. Form PTO-2038 is attached.						
☐ The Director has already been authorized to charge fees		•		•		
■ The Director is hereby authorized to charge any fees who Deposit Account Number 04-0213. I HAVE ENC	•	•				
Deposit Account Number 04-0213. I HAVE ENC	LOSED A DUPLICA	AIE COPT OF	nio onee1.			
l am the □ applicant/inventor.						
□ assignee of record of the entire in	terest. See 37 CFF	R 3.71.				
j	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 32,018						
□ attorney or agent under 37 CFR 1	1.34(a).			•		
Registration number if acting und	er 37 CFR 1.34(a)	<u>32,018</u> .				
$\bigcap D / \bigcap A / \bigcap A$						
( Willed & Jack)		March 21, 2008				
Signature		Date				
Michael J. Bujold	(603) 2	226-7490				
Typed or printed name	Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the er more than one signature is required, see below.	ntire interest or their rep	presentative(s) are r	equired. Submit	multiple forms if		

■ Total of 1 form is submitted.

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/24/2008 RMEBRAHT 00000023 10576443

01 FC:1253

1050.00 OP

Effective on 12/08/2004.		
Fees pursuant to the Consolidated Appropriations Act,	2005 (H.R.	4818).

## **FEE TRANSMITTAL** For FY 2008

□ Applicant claims small entity status. See 37 CF/R 1.27

Application No.
Filing Date
First Named Inventor
Examiner Name Art Unit

10/576,443
with an effective filing date of
September 29, 2004
Harald ECKERT, Ulrich Ludwig
KUCHELMEISTER and
Eckhard FÖRSTER
Roger L. Pang
3681

Complete if Known

TOTAL A	MOUNT OF PAYMENT: \$1	,050.00	13	الغار	Attorney Docket	No.	ZAHFRI F	2858US
METHOD	OF PAYMENT (check all th	at apply)	TRADEMARK	9				
■ Check	□ Credit Card □Money Or	der □None						
	•				Deposit Account	Namo: DAV	16 BI I IOI D & DA	NIEIS DI I C
•	·		ımber <u>04-0213</u>		•		13 BOJOLD & DA	INIELS, F.L.L.C
For the a	bove-identified deposit accou	ınt, the Dire	ctor is hereby auth	norized to: (	check all that apply	<b>'</b> )		
	☐ Charge fee(s) indicated to	pelow		☐ Charg	e fee(s) indicated	below except	for the filing fee	
	Charge any additional fe under 37 CFR 1.1	e(s) or unde l6 and 1.17	rpayments of fee(	s)  Credit	any overpayments	S		
WARNIN information	G: Information on this form on and authorization on PTO	may become -2038.	e public. Credit ca	ard information	on should not be in	cluded on th	e this form. Provi	de credit card
FEE CAL	CULATION		,···-					
1.	BASIC FILING, SEARCH, A	ND EXAMI	NATION FEES					
	-,	FILING F		SEARCH	LEEES	FXAMINA	ATION FEES	
	A 1: 1: -		Small Entity		Small Entity		Small Entity	5 - D-11 (0)
	Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (4)</u>	Fees Paid (\$)
	Utility	310	155	510	255	210	105	
	Design	210	105	100	50	130	65	
	Plant	210	105	310	155	160	80	
	Reissue	310	155	510	255	620	310	
	Provisional	210	105	0	0	0	0	
2.	EXCESS CLAIM FEES					F00 (\$)	Small I	
	Fee Description Each claim over 20 (including	ng Reissues	)			<u>Fee (\$)</u> 50	<u>Fee (</u> 25	<u>Φ)</u>
	Each independent claim over	er 3 (includir	g Reissues)			210	105	
	Multiple dependent claims	•	,			370	185	
	Total Claims -20 or HP =	Extra Cla	ims Fee (\$		Fee Paid (\$)		Multiple Depende	
	-20 0/ HP -		^				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	Indep. Claims	Extra Cla	ims Fee (\$	١	Fee Paid (\$)			
	3 or HP +		x	<u> </u>				
	HP = highest number of ind	ependent cla	aims paid for, if gr	eater than 3.				
3.	APPLICATION SIZE FEE							
	If the specification and drawi the application size fee due	ngs exceed	100 sheets of pape	er (excluding	electronically filed	sequence or	computer listings	under 37 CFR 1.52(e)),
	37 CFR 1.16(s).	13 4230 (4)	20 IOI SITIALI CITAL	y) ioi eacii a	daluonai 50 sileet	S Of Haction	uleieoi. Gee 33 (	J.J.C. 41(a)(1)(G) and
	Total Sheets	Extra She	eats No of	each additio	na I 50 or fraction t	hereof	Fee (\$)	Fee Paid (\$)
	-100 =	Exac one		(	round up to a whole	e number) x	=	<u>Γ σο Γ αια (ψ)</u>
4.	OTHER FEE(S)							Fees Paid (\$)
<b></b>	Non-English Specification, \$130 fee (no small entity discount)					<u>1 ccs 1 αια (ψ)</u>		
	Other (e.g., late filing surcha	arge):	Petition for Thr	ee Month Ex	tension of Term			\$1,05 <u>0.00</u>
CUDANT	TED DV							
SUBMITT		<del></del>	, ,				<del></del>	
Signature In Sal Alaski				Telephone (	603) 226-7490			
	<del>-  </del>		130	gww	Posistration No.		<del>-  </del>	
Name (Print/Typ	pe) Michael	J. Bujolo	ı //		Registration No. (Atty/Agent) 33	2,018	Date: Marc	h 21, 2008